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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Bosnia and Herzegovina and area office

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Bosnia and Herzegovina for three years. The Executive Director recommends that the Executive Board approve the amount of \$5,025,000 from general resources, subject to the availability of funds, and \$16,650,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

BASIC DATA
(1993 unless otherwise stated)

Child population (millions, 0-14 years) (1991)	.72
USMR (per 1,000 live births) (1994)	17
IMR (per 1,000 live births) (1994)	15
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births)	...
Literacy (% male/female)	...
Primary school enrolment (% net, male/female)	...
Primary school children reaching grade 5 (%)	...
Access to safe water (%)	...
Access to health services (%)	N/A
GNP per capita	\$725 or less
One-year-olds fully immunized against:	
tuberculosis:	85 per cent
diphtheria/pertussis/tetanus:	67 per cent
measles:	57 per cent
poliomyelitis:	69 per cent
Pregnant women immunized against:	
tetanus:	...

THE SITUATION OF CHILDREN AND WOMEN

1. Since the war in Bosnia and Herzegovina began following independence in April 1992, more than 150,000 persons have been killed, 2,700,000 have been internally displaced or directly affected and 500,000 have become refugees abroad. As of April 1993, the Government estimated the total economic cost of war and war-related damage to be some \$150 billion to \$180 billion.
2. Recent important developments include the Washington Agreement between the Bosnian Government and the Bosnian Croats and the creation of a federal Government in 1994; the fall of the United Nations safe havens of Srebrenica and Zepa, from which 50,000 Bosniacs, 80 per cent them women and children, fled to central Bosnia in July 1995; and the Croatian army action in the Krajina, which resulted in an additional 200,000 refugees arriving in Bosnia and Herzegovina and the Federal Republic of Yugoslavia, also during the summer of 1995. The number of unaccompanied children has increased and their needs should be addressed. At the end of 1995, the Paris Peace Accord finally opened the way towards reconciliation, reconstruction and the return of the displaced and refugees to their homes.
3. The country's needs remain overwhelming and the recovery period will be long. The life of the children and women of Bosnia and Herzegovina is a

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struggle for adequate food, safe water, basic health care and schooling. Hospitals, health centres, schools and water and sanitation infrastructures have been damaged and destroyed. Many teachers, doctors and nurses either have been killed, displaced or left the country. By the end of 1995, the city of Sarajevo had been under siege for more than 40 months. Young children know almost nothing but war and deprivation.

4. Although humanitarian relief largely has prevented serious malnutrition and starvation, the incidence of micronutrients deficiencies (iron, iodine) has increased. The average birth weight declined as the war progressed. The health of pregnant women deteriorated, leading to a significant increase in miscarriages, maternal and infant mortality, permanent disabilities and premature births.

5. In front-line towns and villages, shortages of clean water and poor sanitary conditions contributed to an increased incidence of water-borne diseases. In 1994, approximately 17,000 cases of scabies, 6,000 cases of enterocolitis/diarrhoea and 4,500 cases of hepatitis A were reported in Sarajevo.

6. About 55 per cent of the schools in the country have been damaged or destroyed, and resources for their reconstruction are lacking. There is a general shortage of classrooms, basic school supplies and learning and teaching materials. Students are emotionally scarred by the war and many have severe trauma. Professional development, through in-service training of teachers, has virtually come to a standstill.

PROGRAMME COOPERATION, 1994-1995

7. Since 1991, UNICEF assistance in Bosnia and Herzegovina has been funded through United Nations consolidated inter-agency appeals. In 1994 and 1995, UNICEF assistance evolved from an emergency response towards rehabilitation and development when and where conditions allowed. Programmes have proven manageable and sustainable by national and local partners.

8. UNICEF has helped to develop professional networks through training at all levels to hasten implementation of projects and improve knowledge. Institutional partners included the Italian Istituto Superiore di Sanita (National Institute of Health), the Universities of London and Keele (United Kingdom), Cork (Ireland) and Pittsburgh (United States) and such non-governmental organizations (NGOs) as the International Medical Corps (IMC) and the Italian Consortium of Solidarity. UNICEF has collaborated with other United Nations agencies, most notably the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Educational, Scientific and Cultural Organization, the World Food Programme (WFP) and the World Health Organization (WHO).

9. UNICEF assisted in the re-establishment of a nationwide immunization programme with the Ministry of Health, cantonal authorities and IMC, and provided vaccines, consumable supplies, training in updated immunization practices, cold-chain management and assessment of coverage. The primary health

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care (PHC) project in Sarajevo has trained family physicians, re-established a health information system and strengthened community management of health care. Schools in Sarajevo also are being involved in monitoring of child health, immunization, growth and development, and promotion of nutrition and family health. UNICEF also has maintained the supply of essential paediatric drugs to health centres.

10. Supplementary feeding covered young children, pregnant women and lactating mothers. A policy on infant feeding was agreed to by UNICEF, WHO, WFP, UNHCR and the Government, but implementation has been insufficient. UNICEF supported the creation of a National Coordination Committee for the Promotion of Breast-feeding, but security problems preclude its expansion outside of Sarajevo and central Bosnia.

11. A UNICEF-sponsored review of the education sector was undertaken by the University of Pittsburgh in 1994 and led to reforms by the Ministry of Education. Training in interactive teaching methods and management and planning of the future education system has been undertaken in four cantons. Basic school materials served 340,000 primary schools.

12. UNICEF helped to restore small, war-damaged water systems in Brcko, Gornji Vakuf, Mostar and the Mojmiro reservoir in Sarajevo. Water quality improved with the provision of mobile water-testing laboratories. Low-cost, high-impact technology, such as leak detection equipment, served the most affected areas.

13. UNICEF assisted traumatized children in primary schools through the training of school psychologists and teachers in collaboration with the national and regional pedagogic institutes. Activities were undertaken to improve care of children in specialized institutions. UNICEF cooperated with UNHCR in establishing a registration and support system in central Bosnia for children separated from both parents.

Lessons learned

14. A stronger and more sustained effort is needed to influence policy and legislation for protection of children, especially children who are separated from their parents. Policies related to essential drugs, an immunization schedule and the marketing and free distribution of breast-milk substitutes still need to be improved. The work of external institutions has provided continuous technical support to programmes, but clearer common goals and objectives need to be defined early on with these partners.

RECOMMENDED PROGRAMME COOPERATION, 1996-1998

Estimated annual expenditure
(In thousands of United States dollars)

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>Total</u>
<u>General resources</u>				
Health	235	278	310	823
Nutrition	72	90	100	262
Education	180	212	240	632
Children in especially difficult circumstances	108	130	160	398
Advocacy and social mobilization	30	40	40	110
Project support, including area office	<u>900</u>	<u>1 000</u>	<u>900</u>	<u>2 800</u>
Subtotal	<u>1 525</u>	<u>1 750</u>	<u>1 750</u>	<u>5 025</u>
<u>Supplementary funding</u>				
Health	1 590	1 127	885	3 602
Nutrition	465	360	250	1 075
Education	1 223	1 023	830	3 076
Water supply and sanitation	1 200	850	600	2 650
Children in especially difficult circumstances	735	620	365	1 720
Advocacy and social mobilization	157	120	70	347
Project support, including area office	<u>1 530</u>	<u>1 450</u>	<u>1 200</u>	<u>4 180</u>
Subtotal	<u>6 900</u>	<u>5 550</u>	<u>4 200</u>	<u>16 650</u>
Total	<u>8 425</u>	<u>7 300</u>	<u>5 950</u>	<u>21 675</u>

Programme priorities and strategies

15. The UNICEF programme strategy is to strengthen the capacity of national, cantonal and local personnel and institutions to meet the needs of women and children. It will remain flexible and responsive, capable of being modified to meet new priorities. UNICEF will provide technical assistance and training to transfer technologies and skills, as well as some management support and assistance in the areas of immunization, family health care, teacher education, foster care and work with groups of out-of-school youth. Because the programme in Bosnia and Herzegovina to date has been funded exclusively through supplementary funds, there was close collaboration with donors during the previous programme period. There have already been some consultations with donors on the preparation of the proposed new programme, and continuous contacts will be pursued as the activities develop.

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Education

16. The long-term thrust of the education programme is to strengthen the capacity of preschool, primary school and non-formal education professionals and institutions to ensure a quality education for children. The strategy will emphasize development of human resources through training of teachers, school administrators and policy makers and planners. Components include an education management information system and techniques for assessment of student learning. Special problems related to interrupted schooling, overstressed teachers and over-age children dropping out of the school system will be dealt with in the regular education programme and linked with psycho-social and social services programmes. The provision of basic school supplies will continue. UNICEF will increase support to early childhood development with the preparation of a baseline analysis, the training of trainers and resource teams. The participation of parents will be encouraged through community-based preschools. UNICEF also will support education for development and mine awareness campaigns within both formal and non-formal structures through the extensive use of the media and other alternative channels.

Health

17. The health programme will include expansion of PHC and school-based health care to reach all cantons through the training of family physicians and school health personnel; strengthening of health information systems in support of community-based management of health care; and the development of a rational drugs policy. Management training for the expanded programme on immunization will address sustainability and accountability for management of the cold chain, logistics and surveillance. UNICEF will continue to provide vaccines and other consumable supplies while supporting the Government in a vaccine independence initiative. The re-activation of the network of patronage services (community nursing services) will be used as a mechanism for directly reaching newborns and mothers with infant health services and education for mothers, appropriate infant feeding practices, regular antenatal care, reproductive health and growth monitoring. At the same time, an emergency response capacity will be maintained through the training of partners, particularly in politically sensitive areas, and through the provision of such emergency supplies as paediatric drug kits, water purifiers, hygiene equipment and collapsible tanks.

Nutrition

18. As part of the nutrition programme, the national and cantonal structures to promote breast-feeding will be given technical assistance to accelerate the training of paediatricians, nurses and patronage service personnel. At least one hospital in each canton will be certified as "baby-friendly". The national and cantonal governments will formulate and implement policies regulating the marketing and distribution of breast-milk substitutes. UNICEF will support the control and elimination of micronutrient deficiencies, i.e., nutritional anaemia and iodine deficiency.

Children in especially difficult circumstances

19. The existing network of professionals and coordinating boards will plan and deliver psycho-social services to children through the primary school system, social work centres, parents' groups and community organizations. Ongoing training and professional support to local and national experts will be enriched with multidisciplinary approaches and community-oriented activities. In time, training will reach paraprofessionals and parents. Priorities will be the consequences of trauma and special difficulties of adolescents and single mothers with young children. UNICEF will assist the Ministry of Social Welfare to improve policies and services for the care of children who are unaccompanied, have special difficulties or are in institutions and foster care. Advocacy will address alternative care, support to short-term training for improved residential care of children and training of social workers working with street children.

20. Through the emergency programme, UNICEF will assist the Government to update its contingency plan on emergency relief assistance to include the provision of safe water through various means, leak detection services to prevent contamination of drinking water and regular assessment of community water systems. Winter and other clothing for especially vulnerable children, blankets, summer clothing, hygiene kits and infant starter kits will be provided as needed.

Advocacy and social mobilization

21. Under this programme, UNICEF will work with government, military, religious and community leaders to enhance programmes in support of a "first call for children" and to meet the goals of the World Summit for Children. A national programme of action for children will be prepared and used as an advocacy tool for greater awareness of the Convention on the Rights of the Child. Monitoring will help gauge progress towards the World Summit goals. Social mobilization, as part of each programme, will accelerate implementation.

Project support

22. A priority of monitoring and evaluation activities will be to improve national capacity for data collection and dissemination during 1996. Major activities will include the re-establishment of baseline data on child indicators and the development of simple monitoring mechanisms. Sectoral programmes will be monitored periodically, and a mid-term programme review will involve the Government, NGOs, United Nations agencies and other partners after 18 months of programme implementation. An evaluation of the collaboration with technical institutions will take place in 1996. A global programme evaluation will be carried out jointly with participating governmental organizations and other partners towards the end of 1998, allowing UNICEF to draw the necessary lessons and prepare the main lines of future interventions.

23. The country programme in Bosnia and Herzegovina will be administered by five subnational field offices. The area office in Zagreb will be re-structured, largely integrated into the Bosnia and Herzegovina programme and moved to Sarajevo. This will strengthen staffing, focus on the country the most

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in need, Bosnia and Herzegovina, and improve coordination with the North Atlantic Treaty Organization, the World Bank, the European Union and other United Nations agencies which plan to set up headquarters in Bosnia and Herzegovina. As under the previous programme of cooperation, when no specific resources were earmarked for operational expenses, a substantial part of the general resources allocated to the Bosnia and Herzegovina programme and the area office will be used for such expenses. This will ensure the necessary deployment of essential staff independently of supplementary funds and emergency contributions.



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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Croatia

SUMMARY

The present document contains a recommendation for funding from supplementary funds for the country programme of Croatia for three years. The Executive Director recommends that the Executive Board approve the amount of \$8,400,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add. 1).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	.99
U5MR (per 1,000 live births) (1993)	14
IMR (per 1,000 live births)	12
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births)	...
Literacy rate (% male/female)	../..
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	100
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	\$2,530

One-year-olds fully immunized against:

tuberculosis:	92 per cent
diphtheria/pertussis/tetanus:	85 per cent
measles:	90 per cent
poliomyelitis:	85 per cent.

Pregnant women immunized against:

tetanus:	...
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THE SITUATION OF CHILDREN AND WOMEN

1. The present situation of women and children in Croatia is marked by two crucial elements: (a) the transition to a market economy and a deep economic crisis; and (b) the impact of the war which continued throughout 1993 and 1994, when many Croatian towns were shelled regularly. In 1995, Croatian forces carried out two military actions and regained most of the territory that had been under the control of Croatian Serbs. The area was then reintegrated into the political and administrative system of the Government of Croatia. As a result, approximately 150,000 ethnic Serbs fled the so-called Krajina to neighbouring Bosnia and Herzegovina and the Federal Republic of Yugoslavia. However, a small part of Croatia (approximately 4 per cent) known as Eastern Slavonia, wealthy in oil and fertile land, still remains under the control of Croatian Serb forces. Negotiations carried out in September and October 1995 resulted in a general agreement and cease-fire and a plan for the peaceful return of Eastern Slavonia to the jurisdiction of the Government of Croatia.

2. The war and its consequences have had a devastating effect on the economy and the quality of life for most of the population. Factories, hospitals, churches, schools and other institutions were destroyed and hotels are inhabited by refugees and displaced people. Almost one third of Croatia's productive capacity, as well as to 20 per cent of the transportation network and a

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substantial part of the electrical network, did not function for more than two years. In addition to tremendous financial debts, the burden of refugees and displaced persons has been enormous.

3. Assessments by UNICEF teams in the front-line cities show that children and mothers are at risk and in great need of additional medical, nutritional, sanitary and psycho-social care. Many children have suffered or witnessed horrifying and traumatic acts of violence and aggression. Teachers and parents have reported symptoms of post-traumatic stress disorder among alarmingly high numbers of children. For the fourth consecutive year, children have been exposed to declining standards of living which have affected their health, education, nutritional status and psychological state. A deteriorating economy has led to cuts in government expenditures for health, social services and education. As a consequence of these devastating socio-economic factors, the social infrastructure is heavily overburdened. The social safety net is overwhelmed by greatly increased numbers of beneficiaries. The health system also has been affected by the poor economic situation. There is a lack of funds to purchase medical supplies and materials, and the social welfare system is no longer able to assume the entire cost of hospitalization and medicines. Efforts to reform the health, education and social welfare systems are under way but serious obstacles remain to be addressed in the transformation process.

4. The Government plans to complete the return of approximately 190,000 people to the reintegrated areas. The returnees already find themselves in an extremely difficult situation because they are returning to destroyed homes, without social services to meet their basic needs. In addition, unexploded devices present an extreme danger to the returning population and to the children in those parts of the country which were directly affected by the war. The United Nations estimates that there could be as many as 3 million mines planted along the front lines.

PROGRAMME COOPERATION, 1994-1995

5. In response to the emergency situations in 1994-1995, UNICEF continued to provide support to women and children in the areas of health, nutrition, water and sanitation and psycho-social assistance. At the same time, responding to a request by the Government, UNICEF implemented a two-year programme of cooperation focusing on health, nutrition, education, children in especially difficult circumstances and child rights.

6. UNICEF-supported activities in the area of health aimed to reduce morbidity and mortality caused by acute respiratory infections (ARI) and diarrhoeal diseases, as well as the prevalence of infectious and parasitic diseases, especially among children living in poor sanitary conditions in communities with large numbers of refugees and displaced persons. Activities included the distribution of essential drugs kits, vitamin kits, maternal and child health kits and hygienic kits. UNICEF support for a continued vaccination campaign included the provision of vaccination supplies, cold-chain equipment and vaccines for the former United Nations Protected Areas.

7. Nutrition-related activities included support to a breast-feeding promotion campaign and activities focusing on discouraging the general use of infant formula. In conjunction with the Government and local authorities, programmes were initiated to eradicate micronutrient deficiencies (i.e., iodine, iron and vitamin).

8. Basic primary school and kindergarten services were strengthened by the supply of equipment and student and teacher kits. UNICEF also organized in-service training of teachers (i.e., on the psychology of effective learning) in war-affected areas to strengthen their capacity to meet the needs of students exposed to armed conflict, through a shortened curriculum and intermittent classes. Assistance to non-formal education covered mine awareness and conflict resolution. Psycho-social services were developed to help traumatized primary school children. Similar activities were organized for children in preschool institutions, refugee centres, public libraries and health institutions. The training of care providers and the development of simple skills to recognize traumatic symptoms remain the cornerstone of the programme. UNICEF supported mobilization to motivate policy makers, legislators, local government officials and religious leaders to include child rights and goals for children in their agendas. UNICEF encouraged the Government to start work on a national programme of action (NPA) for children and helped to formulate municipal plans of action in war-affected cities under the Mayors as Defenders of Children Initiative

RECOMMENDED PROGRAMME COOPERATION, 1996-1998

Estimated annual expenditure

(In thousand of United States dollars)

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>Total</u>
<u>Supplementary funds</u>				
Health	880	725	570	2 175
Nutrition	300	245	195	740
Education	760	625	490	1 875
Children in especially difficult circumstances	600	495	390	1 485
Advocacy and social mobilization	180	150	115	445
Project support	<u>680</u>	<u>560</u>	<u>440</u>	<u>1 680</u>
Total	<u>3 400</u>	<u>2 800</u>	<u>2 200</u>	<u>8 400</u>

9. The programme strategy is to support the maintenance, improvement and sustainability of social services, capacity-building in the social sectors and strengthening of social planning, cost-effectiveness and service delivery. It also aims to empower families and communities to participate more effectively in the reconstruction and transition process. Priority will be given to women and

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children in the most affected areas (9 of 22 counties and 30 cities). The Mayors as Defenders of Children Initiative will continue to play a dynamic and mobilizing role. As the programmes in Croatia are funded exclusively by supplementary funds, there was close collaboration with donors during the previous period. Some consultations have already taken place on the preparation of the new programme and continuous contacts will be pursued as the activities develop.

Cross-cutting strategies

10. The approach will be to achieve the goals for the decade as they are relevant to the Croatian context. The priority will be nationwide mobilization to achieve the goals of the World Summit for Children and the effective implementation of the Convention on the Rights of the Child. This mobilization effort will pursue the formulation of an NPA based on the World Summit Declaration. Creating a legislative basis for the NPA will be crucial in the next three years, as will raising awareness of legislators and decision makers and stimulating advocacy for this new ethic. The active participation of children themselves will be encouraged. The Subcommittee for the Rights of the Child of the Croatian Parliament will bolster the legislative process and initiate public forums to mobilize policy makers and decision makers for the ethic of "children first".

Health

11. The programme will emphasize improved quality of health service delivery, with a focus on family health. Families and households will be at the centre of all health actions. UNICEF will seek to improve the coverage, quality and efficiency of health service delivery and to build government capacity to manage the health sector under the new circumstances. Training will be organized on the rational use of essential drugs, including evaluation of current practices and the development of an essential drugs policy. There will be a focus on training medical staff and parents in the treatment, care and management of ARI according to internationally accepted protocols. The priority of the immunization programme will be to restore vaccination services in the reintegrated areas and halt the rise in the incidence of preventable diseases while ensuring high levels of immunization coverage nationwide. Additionally, UNICEF will aim to strengthen the national health information system in order to prevent and respond to major public health threats. UNICEF will help the Government to address the growing need for the introduction of health, nutrition and hygiene education in both the formal and non-formal education sectors and provide training to educators and health professionals.

Nutrition

12. The programme will focus on increasing the number of baby-friendly hospitals in the country. Breast-feeding will be promoted through more training, media campaigns and changed hospital practices. UNICEF will advocate the end of free distribution of infant formula in hospitals and maternity wards as well as the development of appropriate feeding practices for young children. Micronutrient deficiencies, such as vitamin A, iron and iodine, will be controlled and prevented among vulnerable groups. UNICEF intends to support the

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development of a national nutrition policy through the creation of a multisectoral support group.

Education

13. The objective will be to ensure a quality education relevant to the needs of preschool and primary school children growing up in a country undergoing tremendous changes. As a strategy, UNICEF will support initiatives that address some of the problems brought on by the war: crowded classrooms; lack of supplies and teaching and learning materials; the absence of in-service training for teachers and school administrators; and the destruction of school facilities. UNICEF will continue to support and develop programmes in schools and local communities on mine awareness, environmental degradation and education for development focusing on conflict resolution, tolerance and child rights. UNICEF will encourage the establishment of a holistic early childhood development project. The project will focus not only on formal preschool education, in which merely 30 per cent of Croatian children are enrolled, but also on informal, intersectoral strategies which will be developed in consultation with the Government, parents, local child-care groups, non-governmental organizations (NGOs) and bilateral and multilateral agencies.

Children in especially difficult circumstances

14. UNICEF assistance will help the Government to plan and develop new policies for the most vulnerable children. The main challenge will be to incorporate new practices for care of children into existing services, as well as to develop a new multi-professional platform of cooperation at local and national levels. The Ministries of Education, Health and Social Welfare and the Offices for Victims of War and Displaced Persons and Refugees will remain the main partners in this undertaking. Efforts to increase capacity to care for war-traumatized children and women will continue through support to all relevant institutions and NGOs, with a special focus on the educational system. Continuous training and support to care providers within the Government and NGOs is essential to develop skills as well as to prevent the psychological exhaustion of service workers. Support will be provided to the Ministry of Social Welfare in developing new policies for the care of especially vulnerable children. Pilot projects will be supported for services for children in institutions and the development of non-institutional care for children with special needs.

Emergency preparedness plan

15. UNICEF will continue assistance to strengthen the capacity of government partners in early preparedness and response to sudden emergency situations through training, orientation and the provision of emergency supplies. Emergency kits for psycho-social rehabilitation already have been prepared by UNICEF and government partners. The kits and other emergency supplies will be positioned in the high-risk areas. Related training will be provided to local partners to ensure the proper use of these items. UNICEF will cooperate with the Office of the United Nations High Commissioner for Refugees, the World Food Programme and the World Health Organization and NGOs to coordinate its emergency response.

Monitoring and evaluation

16. Monitoring of the needs of the target population and of the impact of interventions will be conducted jointly by UNICEF staff and government counterparts on a regular basis. UNICEF will assist the Government in the development of monitoring tools and the training of concerned staff. There will be a formal mid-term review of programmes to allow for necessary adjustments. An evaluation will be carried out jointly with participating government organizations and other partners towards the end of the programme cycle. This will allow for the necessary lessons to be drawn and the main lines of future intervention to be prepared.

Programme support

17. The planning, implementation and monitoring of the proposed programme of cooperation will be done by the UNICEF office for Croatia. The office and staff will ensure coordination with other United Nations agencies, NGOs and bilateral donors to avoid duplication.
